

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019705

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registrar's District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED MAY 22 1962

4364

29

1. PLACE OF DEATH

a. COUNTY

NEWTON

b. CITY (If outside corporate limits, give TOWNSHIP only)

Stehba

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OF
INSTITUTION

CARDWELL MEM HOSP

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

McDonald

c. CITY

OR TOWN

HANAGAN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

William Edward Shockley

4. DATE OF DEATH

Month

Day

Year

4 - 20 - 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-16-1888

9. AGE (last birthday)

73

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

6 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HIGHWAY MAINTENANCE

10b. KIND OF BUSINESS OR INDUSTRY

RET

11. BIRTHPLACE (City and state or country)

AURORA Mo

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

ABE SHOCKLEY

13b. MOTHER'S MAIDEN NAME

SARAH STITES

14. NAME OF HUSBAND OR WIFE

MARY SHOCKLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

17. INFORMANT

Mary F Shockley HANAGAN Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1955

4/20/62

and last saw him alive on

4/20/62

Death occurred at

11 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A.D. Fountain Dr

22b. ADDRESS

Roll, Mo.

22c. DATE SIGNED

4/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-22-1962

23c. NAME OF CEMETERY OR CREMATORY

Howard CEM

23d. LOCATION (City, town, or county)

Goodman Mo

24. FUNERAL DIRECTOR

ADDRESS

Humphrey & Son 7 Home Mt.

25. DATE RECD. BY LOCAL REG.

5-11-62

26. REGISTRAR'S SIGNATURE

Mildred Moherly

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 0730

2 0600

3

4 C

5 1

6

7 0

8 0

9 331X

10

11

12 1-2

13 1-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Quincy, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.